

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

FEB 18 2011

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Maina Ethios Commission

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have

any questions about this form, your reporting requirement	ents, or how to report specific situation	ns.
	LATOR INFORMATION	E-00
Name Paulitte G. BiAu	'DO!'W	Office: Senate
Mailing address 32 HERRING AUT. Ept.		District /35
Name faultte GEAU Mailing address 32 HERRING AUT. Ept. City-zip code Di DD E ford, M.E. 0400-1		Phone 28 1 - 6 3 2 1
		mile: summer:
PART 1. INCOME DERIV	ED FROM EMPLOYMENT BY ANO	1135R
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 o	r more. Specify the principal type of
None		
Name of Employer	Address	Principal Type of Economic Activity of Employer
was a construction of the		
	$Advanta A = 2.5 \cdot 1.04 \cdot 5.04 \cdot 5.02 \cdot 5.0$	
PART 2. INCOME DERIVED FR	ROM SELF-EMPLOYMENT OR LAW	PRACTICE
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.		
None		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name:		·
Address:		
Name:		, and the second control of the second contr
Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-	EMPLOYMENT
B. List each source of income derived from self-employment or law practice that repress \$1,000, whichever is greater, and specify the principal type of economic activity of the e income. If this form of disclosure is prohibited by law, rule, or an established code of profes economic activity of the entity or person from whom the income was derived.	intity or person from whom you derived such I
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	Juggan er sengn men grænne mengen menskalans om med 15 % er en sener men en e
Name:	
Address:	
PART 3. OTHER SOURCES OF INCOME	i
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not in box.	clude gifts or honoraria. If none, check the
None	
SociAL SECULITY	Kind of Income (investments, leases, etc.)
Name:	5,8,
Address:	*
Name:	
Address:	
Name:	
Address:	
PART 4. REPORTABLE LIABILITIES	The state of the s
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received areas of economic activity of each creditor. Do not list credit card liabilities, educational loan regulated financial institutions. If none, check the box.	during the reporting period, and list the major s, loans from a relative, or business loans from
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of	of more than \$300. If none, check the box.
None	1995 for inches demonstrations recovering the property of the contract of the
Name of Source of Gift	Name of Source of Gift
1. 3.	
2. 4.	

PART 6. F	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances of	or speeches. If none, check the box.	
None		3900-10-10-10-10-10-10-10-10-10-10-10-10-1
Name of Source of Honoraria	Name of Sou	rce of Honoraria
1.	3.	AND ELECTRON CELEBRATION PROCESSION - GARAGES A CELEBRATICA CONTRACTOR CELEBRATICA CELEBRA
	4.	naponana naponana naponana naponana (n. 1552). S. T. S.
	NTATION BEFORE STATE AGENCIES	to the contract of the contrac
List each executive branch agency before which you repre box.	sented or assisted others for compensation	of any amount. If none, check the
None	ng regional programme and an annual field of the state of	and an analysis of the second
Name of Agency	Name	of Agency
1.	3.	
2.	4.	
PART 8. BUS	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	nber of your immediate family sold goods or a family member sold the goods or services	r services with a value in excess of If none, check the box.
None		
Name of Agency	Name	of Agency
1.	3.	
2.	4 .	
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE FA	AMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill of \$1,000 or more, list his or her name and job title. List onlinot include gifts.	nd of income represented. If your spouse of	r domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name:	1.	1.
Job Title:	2.	2.
	3.	
Dependent Child(ren) - Job Titles Only	inde all the state of the state	
Job Title:		
Job Title:		foremental state associated and the Company of the second
Job Title:		

er e

	¬					
Select Select	None		and the Complete confundamental accommodation and the Complete Com	Position Held	Family Member's	Compen-
Select Indicase that it appears that a Legislator the Attorney General. (1 M.R.S.A. § 1017-A) Beautifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number he information you are providing. Use additional pages, if necessary.			Title			
Select Select	ennementeren eta esta esta esta esta esta esta esta	entre V dis 165 2 - 9 - se o montenemente consideration (CCCCCC) (Province de consideration en consideration (CCCCCCC)	THE CONTRACT OF THE PARTY OF TH	Select	5	Select
Signature Signature Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) ne intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator illfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Signature ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.				,		
Signature Signature Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) ne intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator illfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Signature ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.						
Signature Signature Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) ne intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator illfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Signature ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.						
Signature Signature Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) me intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator lilifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Signature ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.	(2.70)	y () argener mener komun. Promovedile II Mikili II		Select		Select
Signature Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) ne intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator illfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Saulute A Blanding Additional Information Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number ne information you are providing. Use additional pages, if necessary.				**	4	
Signature Signature Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) he intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator lifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Signature ADDITIONAL INFORMATION Rease provide any additional information below (and on additional sheets if needed). Indicate the part or section number he information you are providing. Use additional pages, if necessary.					2	
Signature Signature Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) he intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator lifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Signature ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number he information you are providing. Use additional pages, if necessary.						
Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) the intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator lifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) **Blanding** **ADDITIONAL INFORMATION** Lease provide any additional information below (and on additional sheets if needed). Indicate the part or section number he information you are providing. Use additional pages, if necessary.				Select	are the	Select
Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) the intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator lifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) **Blanding** **ADDITIONAL INFORMATION** Lease provide any additional information below (and on additional sheets if needed). Indicate the part or section number he information you are providing. Use additional pages, if necessary.						
Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) the intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator lifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) **Blanding** **ADDITIONAL INFORMATION** Joach						
Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) ne intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator lifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) Signature ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number ne information you are providing. Use additional pages, if necessary.						
Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) the intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator lifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) **Blanding** **ADDITIONAL INFORMATION** Lease provide any additional information below (and on additional sheets if needed). Indicate the part or section number he information you are providing. Use additional pages, if necessary.			SIGNATURE			
ne intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator illfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) **Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.		A CONTRACTOR OF THE PROPERTY O		f . t . \$400 /4	MDCA C4047	Λ.\
lease provide any additional information below (and on additional sheets if needed). Indicate the part or section number ne information you are providing. Use additional pages, if necessary.		Signature				
he information you are providing. Use additional pages, if necessary. Part/Section		Signature 2				
		A	DDITIONAL INFORMA			
	Please provide a	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	tion number f
	Please provide a he information y	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	tion number f
	lease provide and information yeart/Section	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	stion number f
	lease provide a e information y	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	ction number t
	lease provide and information yeart/Section	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	tion number t
	lease provide and information yeart/Section	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	tion number f
	lease provide are information y	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	tion number f
	lease provide and information yeart/Section	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	tion number f
	lease provide ane information y	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	ction number f
	Please provide ane information y	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	tion number f
	Please provide and information yeart/Section	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	tion number f
	Please provide ane information y	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	tion number f
	Please provide a	A any additional information below	ADDITIONAL INFORMA		ate the part or sec	stion number

PART 10. OFFICER OR DIRECTOR POSITIONS